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Fill in this information to identify your case:	
United States Bankruptcy Court for the:  Northern District of: Illinois (State)	
Case number (if known)	Chapter you are filing under:
	Chapter 7 Chapter 11 Chapter 12 Chapter 13

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Latrice	
	Write the name that is on	First name	First name
	your government-issued picture identification (for	Middle name	Middle name
	example, your driver's	Hudson	
	license or passport	Last name	Last name
	Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last	First name	First name
	8 years		
	Include your married or	Middle name	Middle name
	maiden names.		
		Last name	Last name
		First name	First name
		i iist ridirie	Histilane
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social	XXX - XX- 9280	xxx - xx-
	Security number or federal Individual	OR	OR
	Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

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Debtor 1 Latrice First Name	Hudson  Middle Name Last Name	Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) you have used in the last	Business name	Business name
8 years	Business name	Business name
Include trade names and doing business as names	EIN	EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	12835 S Union Number Street	Number Street
	Chicago Illinois 60628	City State Zip Code
	City State Zip Code Cook	City State Zip Code
	County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	City State Zip Code	City State Zip Code
6. Why you are choosing this district	Check one:	Check one:
to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Deb	otor 1 Latrice			Case number (if kno	own)
	First Name	Middle Name	Last Name		
Par	t 2: Tell the Court Abo	out Your Bankruptcy Case	e		
	The chapter of the Bankruptcy Code you are choosing to file under		scription of each, see <i>Notice Req</i> . Also, go to the top of page 1 and		C. § 342(b) for Individuals Filing for opriate box.
	How you will pay the fee	more details about ho cashier's check, or more may pay with a credit of the land of the la	ow you may pay. Typically, if you oney order If your attorney is card or check with a pre-printer in installments. If you choose our Filing Fee in Installments (Coe be waived (You may request required to, waive your fee, and that applies to your family sign, you must fill out the Applic	ou are paying the submitting you ed address. ethis option, sign official Form 103 this option only ad may do so onlize and you are used.	the clerk's office in your local court for e fee yourself, you may pay with cash, r payment on your behalf, your attorney an and attach the <i>Application for IA</i> ).  If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official
	Have you filed for bankruptcy within the last 8 years?	Ves. District District District	When When When	MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number
	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	V No.  Yes. Debtor  District  Debtor  District	When When	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
	Do you rent your residence?	✓ No. Go to line  Yes. Fill out In			you want to stay in your residence?  st You (Form 101A) and file it with

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Hudson Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Latrice Hudson Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Effor	rts to Receive a Brie	fing About Credit Counseling			
	About Debtor 1:		About Debtor	2 (Spouse Only i	n a Joint Case):
15. Tell the court	You must check one:		You must check	k one:	
whether you have received briefing about credit counseling.	counseling ager	ing from an approved credit icy within the 180 days before I ptcy petition, and I received a npletion.	counseling filed this b	a briefing from an g agency within th ankruptcy petitior of completion.	e 180 days before I
The law requires that you receive a briefing		he certificate and the payment plan, veloped with the agency.		py of the certificate ou developed with	and the payment plan, the agency.
about credit counseling before you file for bankruptcy. You must truthfully	counseling ager	ing from an approved credit icy within the 180 days before I ptcy petition, but I do not have a npletion.	counseling filed this b		approved credit e 180 days before I n, but I do not have a
check one of the following choices. If you cannot do so, you are not eligible to file.		er you file this bankruptcy petition, opy of the certificate and payment		file a copy of the cer	bankruptcy petition, tificate and payment
If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your	from an approve obtain those ser made my reques	ked for credit counseling services and agency, but was unable to vices during the 7 days after I and exigent circumstances amporary waiver of the	from an ap obtain tho made my r	proved agency, buse services during equest, and exigent day temporary wait	the 7 days after Interces
creditors can begin collection activities again.	requirement, attac efforts you made t unable to obtain it	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and imstances required you to file this	requiremen efforts you r unable to ol	made to obtain the botain it before you fil	waiver of the sheet explaining what oriefing, why you were led for bankruptcy, and quired you to file this
		e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.	with your re		the court is dissatisfied ing a briefing before
	receive a briefing must file a certifica with a copy of the	fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.	receive a bi must file a c with a copy	riefing within 30 day certificate from the a	pproved agency, along nyou developed, if any.
		he 30-day deadline is granted only mited to a maximum of 15 days.		on of the 30-day de nd is limited to a ma	adline is granted only ximum of 15 days.
	I am not required counseling beca	d to receive a briefing about credit use of:		quired to receive a because of:	a briefing about credit
	Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	☐ Incapad	deficiency the incapable of	ntal illness or a mental nat makes me f realizing or making isions about finances.
	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	☐ Disabili	be unable to briefing in po through the	disability causes me to participate in a erson, by phone, or internet, even after I tried to do so.
	Active duty.	I am currently on active military duty in a military combat zone.	Active	<b>duty.</b> I am current duty in a mili	tly on active military itary combat zone.
	about credit coun	are not required to receive a briefing seling, you must file a motion for punseling with the court.	about credi	-	red to receive a briefing ust file a motion for

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Hudson Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Latrice Hudson Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 8/28/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Latrice		Hudson	Case number	(if known)
First Name	Middle Name	Last Name	_	
For your attorney, if you are represented by one	eligibility to proceed und	ler Chapter 7, 11, 12, or 13	of title 11, Unit	have informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the
If you are not	debtor(s) the notice requ	ired by 11 U.S.C. § 342(b) a	and, in a case in	which § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge after	an inquiry that the informa	tion in the sche	dules filed with the petition is incorrect.
attorney, you do not	4.0			
need to file this page.	/s/ Brian Atlas		Date	8/28/2017
	Signature of Attorney for	or Debtor		MM / DD / YYYY
	Brian Atlas			
	Printed name			
	Semrad Law Firm			
	Firm name			
	11101 S. Western Ave	nue		
	Street			
	Chicago	Illinoi		60643
	City	State		Zip Code
	Contact phone		Email address	batlas@semradlaw.com
	D		Illino	
	Bar number		State	)

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Latrice		Hudson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

Check if this is an	
amended filing	

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	·
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,146.00
1c. Copy line 63, Total of all property on Schedule A/B	\$1,146.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$9,078.00
Your total liabilities	\$9,078.00
Your total liabilities art 3: Summarize Your Income and Expenses	\$9,078.00
Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$1,093.24
5. Schedule J: Your Expenses (Official Form 106J)	\$943.00

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Deb	otor 1 Latrice		Hudson	Case number (if known)	
	First Name	Middle Name	Last Name		
Part	4: Answer These Ques	tions for Administrat	tive and Statistical Records		
6. <b>A</b>	Are you filing for bankruptcy	under Chapters 7, 11, o	r 13?		
	No. You have nothing to re	port on this part of the fo	orm. Check this box and submit th	is form to the court with your other sol	hedules.
i	✓ Yes.				
7. <b>V</b>	What kind of debt do you have	∍?			
			umer debts are those incurred by a Fill out lines 8-10 for statistical pur	n individual primarily for a personal,	
		• ( )		•	
	this form to the court with		ou have nothing to report on this p	part of the form. Check this box and su	ıbmit
	From the Statement of Your Form 122A-1 Line 11; <b>OR</b> , Fo		ne: Copy your total current monthly prm 122C-1 Line 14.	y income from Official	\$1,051.42
9.	Copy the following special	catogories of claims fro	om Part 4, line 6 of Schedule E/F	=-	
٥.	Copy the following special	sategories of claims in	in rait 4, line o oi ochedule L/i	•	
	From Part 4 on Schedule E	F, copy the following:		Total claim	
	9a. Domestic support obligati	ons (Copy line 6a)		\$0.00	
	5	, , ,		\$0.00	
	9b. Taxes and certain other d	ebts you owe the governi	ment. (Copy line 6b.)		
	9c. Claims for death or person	nal injury while you were i	intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line	6f.)		\$0.00	
	9e Obligations arising out of	a senaration agreement of	or divorce that you did not report a	\$0.00	
	priority claims. (Copy line 6g.)			<del></del>	
	9f. Debts to pension or profit	-sharing plans, and other	similar dehts (Copy line 6h.)	\$0.00	
	or. Dobto to pension of profit	onaing plans, and other	onnia debis. (Oopy mie on.)		

\$0.00

9g. Total. Add lines 9a through 9f.

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Fill in this	information to identify your o	ase:					
Debtor 1	Latrice			Hudson			
Debtor 2	First Name	Middle Na	me	Last Name			
(Spouse, if fi	iling) First Name	Middle Na	me	Last Name			
United Sta	ates Bankruptcy Court for the:	Northern		District of Illinois			
Case nun (If known)	nber			(State)			
Officia	al Form 106A/B						Check if this is an amended filing
Sche	dule A/B: Prope	erty					12/
category responsib write you Part 1:	ategory, separately list and of where you think it fits best. I le for supplying correct infor r name and case number (if I Describe Each Residend u own or have any legal or e	Be as complete an mation. If more sp known). Answer evo ce, Building, Land	d accurate ace is need ery questi d, or Oth	e as possible. If two ma ded, attach a separate on. er Real Estate You C	rried people a sheet to this own or Have	re filing together, both a form. On the top of any a an Interest In	re equally
	No. Go to Part 2	quitable interest in	any room	onoo, banamy, rana, or	ommar propo		
	Yes. Where is the property?						
1.1	Street address, if available, or		Single	ne property? Check all the family home cornultioning	at apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.
			Condo	ominium or cooperative actured or mobile home		Current value of the entire property?	Current value of the portion you own?
			Land				
	Number Street	7:0	Investi Times Other	ment property nare		Describe the nature o interest (such as fee s the entireties, or a life	imple, tenancy by
	City State		Who has a one.  Debtoo	an interest in the prope 1 only 2 only 1 and Debtor 2 only	rty? Check	Check if this is co (see instructions)	mmunity property
			Other info	t one of the debtors and ormation you wish to ad dentification number:		tem, such as local	
If you	own or have more than one, I		What is th	ne property? Check all th	at annly	Do not deduct secured	claims or exemptions. Put
1.2	Street address, if available, or		Single Duple Condo	of family home  or multi-unit building ominium or cooperative actured or mobile home	ас арріу.	the amount of any secu	red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own?
	Number Street		Land Invest	ment property		Describe the nature o interest (such as fee s the entireties, or a life	imple, tenancy by
	City State	Zip Code	one.  Debtor  Debtor  Debtor  At leas  Other info	an interest in the prope 1 only 2 only 1 and Debtor 2 only t one of the debtors and brantion you wish to ad dentification number:	another	Check if this is co (see instructions)	mmunity property

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1.3		What is the property? Check all that apply.  Single-family home		ed claims on Schedule D: ms Secured by Property.  Current value of the portion you own?
Stree	aber Street	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secure Creditors Who Have Clain Current value of the entire property?	ed claims on Schedule D: ms Secured by Property.  Current value of the portion you own?
		<u></u>	Describe the nature of	
	State Zip Code	Timeshare Other	interest (such as fee sir the entireties, or a life	mple, tenancy by
		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this item, property identification number:	Check if this is com (see instructions)	imunity property
2. Add	the dollar value of the portion you ov	vn for all of your entries from Part 1, including any entrie	es for pages	
you hav	e attached for Part 1. Write that nu	nber here.		
<b>Do you ow</b> you own th		nterest in any vehicles, whether they are registered or n rehicle, also report it on Schedule G: Executory Contracts and motorcycles	-	
3.1	Make Model: Year:	Who has an interest in the property? Check one.  Debtor 1 only		claims or exemptions. Put red claims on Schedule D: ims Secured by Property.
	Approximate mileage:  Other information:	Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Check if this is community property (see instructions)		
		indiadania)		
3.2	Make Model: Year: Approximate mileage:	Who has an interest in the property? Check one.  Debtor 1 only		claims or exemptions. Put red claims on <i>Schedule D:</i> rms <i>Secured by Property.</i>

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	Latrice First Name	Middle Name	Hudson Last Name	Case numb	ei (ii kiiowi)	
3.3	Make Model: Year:		Who has an interest in the one.  Debtor 1 only	property? Check	Do not deduct secured the amount of any secu <i>Creditors Who Have Cla</i>	•
	Approximate mileage:		Debtor 2 only Debtor 1 and Debtor 2 on	alv.	Current value of the entire property?	Current value of the portion you own?
	Other information:		¬ <b>L</b>	-		
			At least one of the debtor			
			Check if this is commur instructions)	nity property (see		
3.4	Make		Who has an interest in the	property? Check	Do not deduct secured	•
	Model:	-	one.		the amount of any secu Creditors Who Have Cla	
	Year: Approximate mileage:		Debtor 1 only		Cleditors Willo Have Cla	ums secured by Fropen
	Approximate mileage.		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 on	nly	entire property?	portion you own?
			At least one of the debtor	s and another		
			Check if this is commur	nity property (see		
		•	er recreational vehicles, other t, fishing vessels, snowmobiles, r	•		
Exa	mples: Boats, trailers, motors No Yes	•		motorcycle accessor	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
Exar	mples: Boats, trailers, motors No Yes Make Model: Year:	•	t, fishing vessels, snowmobiles, r	motorcycle accessor	Do not deduct secured	red claims on <i>Schedule</i>
Exar	mples: Boats, trailers, motors No Yes Make Model:	•	t, fishing vessels, snowmobiles, r  Who has an interest in the one.	motorcycle accessor	Do not deduct secured the amount of any secu	red claims on Schedule ims Secured by Propert
Exar	mples: Boats, trailers, motors No Yes Make Model: Year:	•	t, fishing vessels, snowmobiles, r  Who has an interest in the one.  Debtor 1 only	motorcycle accessor property? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Propert
Exar	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only	motorcycle accessor property? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Propert Current value of the
Exar	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on	motorcycle accessor  property? Check  hly s and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Propert Current value of the
4.1	mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor. Check if this is communinstructions) Who has an interest in the	property? Check  bly s and another  hity property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured	red claims on Schedule ims Secured by Propert Current value of the portion you own?
4.1	Make Model: Other information:  Make Model: Make Model: Make Model: Model: Model: Model: Model: Model:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one.	property? Check  bly s and another  hity property (see	Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.	claims on Schedule control of the portion you own?  claims or exemptions. I
4.1	mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 only	property? Check  bly s and another  hity property (see	Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Control of the Secured the Amount of Secured Creditors Who Have Classian Creditors Control of Secured Creditors Creditors Control of Secured Creditors	red claims on Schedule ims Secured by Propen  Current value of the portion you own?  claims or exemptions. I used claims on Schedule ims Secured by Propen
4.1	Make Model: Year: Approximate mileage:  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only	property? Check  hly s and another hity property (see property? Check	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the	red claims on Schedule ims Secured by Propert  Current value of the portion you own?  claims or exemptions. It is claims on Schedule ims Secured by Propert  Current value of the
4.1	Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor. Check if this is communinstructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	property? Check  hly s and another hity property (see property? Check	Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Control of the Secured the Amount of Secured Creditors Who Have Classian Creditors Control of Secured Creditors Creditors Control of Secured Creditors	red claims on Schedule ims Secured by Propent Current value of the portion you own?  claims or exemptions. If the claims on Schedule ims Secured by Propentities.
4.1	Make Model: Year: Approximate mileage:  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only	property? Check  The property of the color o	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the	claims on Schedule portion you own?  claims or exemptions. I ured claims on Schedule pims Secured by Propertion you of the portion you own?

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Hudson Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Goods \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Electronics \$45.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Misc. Used Clothing \$450.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc. Jewelry \$150.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1145.00 for Part 3. Write that number here .....

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Hudson Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$1.00 17.1. Checking account: Chase 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

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Deb <sup>1</sup>	tor 1 Latrice	Middle Nove	Hudson	Case number (if known)	
20.	Negotiable instruments i	Middle Name  orate bonds and other negotial nclude personal checks, cashiers'	checks, promissory no	otes, and money orders.	
	Non-negotiable instrume  No  Yes. Give specific information about them	ents are those you cannot transfe  Issuer name:	r to someone by signin	g or delivering them.	
21.	Retirement or pension Examples: Interests in IF		), thrift savings account	s, or other pension or profit-sharing plans	
	✓ No  Yes. List each account	Type of account: 401(k) or similar plan:	Institution name:		
	separately.	Pension plan:			
		Retirement account:			
		Keogh: Additional account:			
22.	Security deposits and	Additional account: prepayments			
		deposits you have made so that with landlords, prepaid rent, public			
	✓ No  Yes		Institution name:		
	165	Electric:			
		Gas: Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	Annuities (A contract for No Yes	or a periodic payment of money to	you, either for life or fo	or a number of years)	

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Debt	or 1 Latrice First Name	Hudson Cas Middle Name Last Name	se number (if known)	
24.	Interests in a	an education IRA, in an account in a qualified ABLE program, or under a qu	alified state tuition program.	
		530(b)(1), 529A(b), and 529(b)(1).		
	✓ No  Yes	Institution name and description. Separately file the records of any interests.11 L	J.S.C. § 521(c):	
		-		
25.		cable or future interests in property (other than anything listed in line 1), and for your benefit	d rights or powers	
	✓ No Yes. Desc	cribe		
00	Datasta ass			
26.		oyrights, trademarks, trade secrets, and other intellectual property ternet domain names, websites, proceeds from royalties and licensing agreements	;	
	✓ No  Yes. Desc	Cribe		
27.		unchises, and other general intangibles uilding permits, exclusive licenses, cooperative association holdings, liquor licenses	s professional licenses	
	No No		s, p.o.ooo.oaoo.oo	
	Yes. Desc	cribe		
Mor	ney or prope	rty owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
	ney or proper			portion you own? Do not deduct secured
	Tax refunds o	wed to you	Federal:	portion you own?  Do not deduct secured claims or exemptions.
	Tax refunds or  No Yes. Give about		Federal: State:	portion you own? Do not deduct secured
	Tax refunds or  No Yes. Give about your	specific information ut them, including whether		portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds or  No Yes. Give about your and the	specific information ut them, including whether already filed the returns the tax years	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds or  No Yes. Give about your and the	specific information ut them, including whether already filed the returns the tax years	State:  Local: e settlement, property settlement	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds or  No Yes. Give about your and the support of the sup	specific information ut them, including whether already filed the returns the tax years	State:  Local: e settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds or  No Yes. Give about your and the support of the sup	specific information ut them, including whether already filed the returns the tax years  rt  tt due or lump sum alimony, spousal support, child support, maintenance, divorce	State:  Local:  e settlement, property settlement  Alimony:  Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  \$0.00  \$0.00 \$0.00
28.	Tax refunds or  No Yes. Give about your and the support of the sup	specific information ut them, including whether already filed the returns the tax years  rt  tt due or lump sum alimony, spousal support, child support, maintenance, divorce	State: Local:  e settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  tt  \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds or  No Yes. Give about your and the support of the sup	specific information ut them, including whether already filed the returns the tax years  rt  tt due or lump sum alimony, spousal support, child support, maintenance, divorce	State: Local: e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:	\$0.00 \$0.00
28.	Tax refunds or  No Yes. Give about you and a second	specific information ut them, including whether already filed the returns the tax years  rt  tt due or lump sum alimony, spousal support, child support, maintenance, divorce specific information	State: Local:  e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  tt  \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds or  No Yes. Give about you and	specific information ut them, including whether already filed the returns the tax years  rt et due or lump sum alimony, spousal support, child support, maintenance, divorce specific information	State: Local:  e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00
28.	Tax refunds or  No Yes. Give about you and	specific information  It them, including whether already filed the returns the tax years  It due or lump sum alimony, spousal support, child support, maintenance, divorce specific information  It someone owes you paid wages, disability insurance payments, disability benefits, sick pay, vacation paid Security benefits; unpaid loans you made to someone else	State: Local:  e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00
28.	Tax refunds or  No Yes. Give about you and	specific information  It them, including whether already filed the returns the tax years  It due or lump sum alimony, spousal support, child support, maintenance, divorce specific information  It someone owes you paid wages, disability insurance payments, disability benefits, sick pay, vacation paid Security benefits; unpaid loans you made to someone else	State: Local:  e settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00

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Deb <sup>-</sup>	tor 1 Latrice		Hudson	Case number (if known)	
	First Name	Middle Nam	e Last Name		
31.	Interests in insurance Examples: Health, disal		ealth savings account (HSA); credit, h	omeowner's, or renter's insurance	
	Yes. Name the instrong of each policy and		Company name:	Beneficiary:	Surrender or refund value:
32.		ry of a living trust, expect	n someone who has died proceeds from a life insurance polic	y, or are currently entitled to receive	
	Yes. Describe				
33.			you have filed a lawsuit or made surance claims, or rights to sue	a demand for payment	
34.	Other contingent and to set off claims	unliquidated claims o	f every nature, including counter	claims of the debtor and rights	
	✓ No Yes. Describe				
35.	Any financial assets y	you did not already list			
	Yes. Describe				
36.		-	om Part 4, including any entries fo		\$1.00
Part	5: Describe Any B	Business-Related Pr	operty You Own or Have an Iı	nterest In. List any real estate in Par	t1.
37.	Do you own or have a	ny legal or equitable in	nterest in any business-related pr	operty?	
	No. Go to Part 6. Yes. Go to line 38.			<b>!</b>	Current value of the cortion you own?  Do not deduct secured claims or exemptions
38.		or commissions you al	ready earned		
	Yes. Describe				
39.		rnishings, and supplies lated computers, softwar	re, modems, printers, copiers, fax ma	achines, rugs, telephones, desks, chairs, elec	tronic devices
	✓ No  Yes. Describe				

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Deb	tor 1 Latrice	Hudson	Case number (if known)	
1.0	First Name	Middle Name Last Name		
40.	Machinery, fixtures, ed	quipment, supplies you use in business, and tools of your	trade	
	<b>✓</b> No			
	Yes. Describe			
	1	<del></del>		
41.	Inventory			
	<b>✓</b> No			
	Yes. Describe			
12	Interests in partnershi	ne or joint ventures		
42.		ps or joint ventures		
	<b>✓</b> No	Name of entity:	% of ownership:	
	Yes. Give specific	Hamo or onary.	% of ownerents.	
	information about them			
	arom			
				·
12	Cuetomor liete mailing	lists, or other compilations	<u> </u>	
45.		nsts, or other compliations		
	<b>✓</b> No			
	Yes. Do your lists in	clude personally identifiable information (as defined in 11 U.S	i.C. § 101(41A))?	
	☐ No			
	Yes. Descr	ibe		
44.	Any business-related	property you did not already list		
	No			
	Yes. Give specific			·
	information			<u> </u>
		II of your entries from Part 5, including any entries for pa r here		
•				
Part		rm- and Commercial Fishing-Related Property Y	ou Own or Have an Interest In.	
	If you own or have an	interest in farmland, list it in Part 1.		
46.	Do you own or have a	ny legal or equitable interest in any farm- or commercial	fishing-related property?	
	No. Go to Part 7.			irrent value of the
	Yes. Go to line 47.			ortion you own? o not deduct secured claims
				exemptions
47.	Farm animals			
	Examples: Livestock, po	oultry, farm-raised fish		
	<b>✓</b> No			
	Yes. Describe			
	_			

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Deb	tor 1 Latrice First Name Middle N.	ame Last Name	Casi	e number <i>(if known</i> )	
40		ane Last Name			
48.	Crops-either growing or harvested				
	<b>✓</b> No				
	Yes. Describe				
49	Farm and fishing equipment, implements	machinery fixtures and tool	ls of trade		
10.		, macimiory, mataroo, and too.	o or trado		
	No				
	Yes. Describe				
50.	Farm and fishing supplies, chemicals, and	d feed			
	.✓ No				
	Yes. Describe				
	Tiss. Bookins				
51.	Any farm- and commercial fishing-related	d property you did not already	list		
	<b>✓</b> No				
	Yes. Describe				
				Г	
	dd the dollar value of all of your entries fro art 6. Write that number here				
IOI P	art 6. Write that number here				
Part	7: Describe All Property You Own o	or Have an Interest in That	You Did Not Lis	t Above	
53.	Do you have other property of any kind yo				
	Examples: Season tickets, country club mem				
	✓ No				
	Yes. Give specific				
	information				
54. A	dd the dollar value of all of your entries fro	om Part 7. Write that number h	here		•
Part	8: List the Totals of Each Part of thi	s Form			
i ait	o. List the rotals of Lastri art of the	310111			
55.	Part 1: Total real estate, line 2			<b>&gt;</b>	
	part 2 total vehicles, line 5				
	art 3: Total personal and household items	, line 15 \$1145.00	)		
57. <b>F</b>					
	Part 4: Total financial assets, line 36	\$1.00			
58. <b>F</b>	-				
58. <b>F</b>	Part 4: Total financial assets, line 36 Part 5: Total business-related property, lin	e 45			
58. <b>F</b> 59.   60.	Part 4: Total financial assets, line 36 Part 5: Total business-related property, lin Part 6: Total farm- and fishing-related prop	e 45 perty, line 52			
58. <b>F</b> 59.   60.	Part 4: Total financial assets, line 36 Part 5: Total business-related property, lin	e 45 perty, line 52			
58. <b>F</b> 59.   60.   61.	Part 4: Total financial assets, line 36 Part 5: Total business-related property, lin Part 6: Total farm- and fishing-related prop	e 45 perty, line 52			+ \$1146.00
58. <b>F</b> 59.   60.   61.	Part 4: Total financial assets, line 36  Part 5: Total business-related property, lin  Part 6: Total farm- and fishing-related property 7: Total other property not listed, line	e 45 perty, line 52 54	)	Copy personal property total ▶	+ \$1146.00
58. <b>F</b> 59.   60.   61.	Part 4: Total financial assets, line 36  Part 5: Total business-related property, lin  Part 6: Total farm- and fishing-related property 7: Total other property not listed, line	e 45 perty, line 52 54	)	Copy personal property total ▶	+ \$1146.00

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			Docui	ment Pa	ge 20 of 69	
Filli	n this infor	mation to identify your case	:			
Deb	tor 1	Latrice		Hudson		
200		First Name	Middle Name	Last Name		
	tor 2 use, if filing)	First Name	Middle Name	Last Name		
Unit	ed States B			istrict of Illinois		
	e number	_		(State)		
(If kn						Check if this is an
Of	ficial	Form 106C				amended filing
Sc	hedul	e C: The Proper	ty You Claim a	s Exempt		04/16
For stati the stax- und your Par	each iten e a specir amount o exempt r er a law t r exempti t 1: Iden Which ser	fic dollar amount as exe of any applicable statuto etirement funds—may l	as exempt, you must sempt. Alternatively, you bry limit. Some exempt be unlimited in dollar and to a particular dollar the applicable statutor aim as Exempt iming? Check one only, everal nonbankruptcy exempt tions. 11 U.S.C. § 522(b)(2)	specify the amount and the amount. However, amount and the amount.  The property of the second secon	e full fair market value of those for health aids, righter, if you claim an exemple value of the property is is filling with you.	u claim. One way of doing so is to the property being exempted up to hts to receive certain benefits, and otion of 100% of fair market value is determined to exceed that amount,
		cription of the property and the children of the property and the children of	Current value of the portion you own		exemption you claim box for each exemption.	Specific laws that allow exemption
			Copy the value from Schedule A/B			
	Brief		Ф450 OO	_		735 ILCS 5/12-1001(a)
	description	า: Used Clothing	\$450.00	<b>✓</b>	\$450.00	
	Line from				ir market value, up to any statutory limit	_
	Brief	A/B: <u>11</u>		-1-1-		735 ILCS 5/12-1001(b)
	description	ı:	\$500.00	<b>✓</b>	\$500.00	7 00 1E00 0/12-1001(D)
	Misc. Line from Schedule	Household Goods  A/B: 06			ir market value, up to any statutory limit	_
3.	-	laiming a homestead exemo adjustment on 4/01/19 and	-		fter the date of adjustment.)	

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1 Latrice Hudson Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$45.00 description: **✓** \$45.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$150.00 description: **✓** \$150.00 Misc. Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$0.00 description: **✓** Cash on hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 735 ILCS 5/12-1001(b) Brief \$1.00 description: \$1.00 Checking account, 100% of fair market value, up to any Chase applicable statutory limit

Line from Schedule A/B:

17

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					. a.g. == 0. 0	. •		
Fill in	this infor	mation to identify your c	ase:					
Debte	or 1	Latrice		Huds	on			
		First Name	Middle Name	Last I	Name			
Debte								
(Spou	se, if filing)	First Name	Middle Name	Last I	Name			
Unite	d States E	ankruptcy Court for the:	Northern	District of I	Illinois			
					(State)			
(If know	number wn)							
Off	icial	Form 106D						Check if this is an amended filing
Sc	hedu	le D: Credit	ors Who Ha	ve Cla	ims Secure	d by Prop	erty	12/15
more	space is		ble. If two married peopl onal Page, fill it out, nur					
1.	Do any o	reditors have claims	secured by your proper	ty?				
	✓ No. 0	Check this box and sub-	mit this form to the court	with your othe	er schedules. You have	e nothing else to repo	rt on this form.	
	Yes.	Fill in all of the information	on below.					
Part	1: List	All Secured Claims						
	for each c	aim. If more than one cre	or has more than one secu ditor has a particular claim, alphabetical order accordin	list the other	creditors in Part 2. As	Column A  Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any

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Fill	in this infor	mation to identify your c	ase:					
Deb	otor 1	Latrice		Hudson				
		First Name	Middle Name	Last Name				
	otor 2	<del></del>						
(Spc	ouse, if filing)	First Name	Middle Name	Last Name				
Uni	ted States E	Bankruptcy Court for the:	Northern	District of Illinois				
Con	se number			(State)				
	nown)	-						
Of	ficial F	orm 106E/F				Che	ck if this is an	n amended filing
			ditara Wha	Have Hees	aurad Claima			
<u> </u>	ineac	lie E/F: Gre	editors who	nave unse	cured Claims			12/15
othe Forn clair	er party to a n 106A/B) a ms that are entries in t	any executory contract: and on Schedule G: Exe e listed in Schedule D: C	s or unexpired leases that cutory Contracts and Une Creditors Who Hold Claims	could result in a claim expired Leases (Official Secured by Property. I	ns and Part 2 for creditors wit . Also list executory contracts form 106G). Do not include f more space is needed, copy top of any additional pages, v	on <i>Schedu</i> ny creditor the Part yo	<i>ile A/B: Prop</i> s with partia ou need, fill i	perty (Official ally secured t out, number
Pai	rt 1: List	All of Your PRIORIT	Y Unsecured Claims					
1.	Do any c	reditors have priority ur	secured claims against y	ou?				
	<b>✓</b> No. (	Go to Part 2.						
	Yes.							
2.	listed, ide As much Continuat	ntify what type of claim it as possible, list the claims tion Page of Part 1. If mor	is. If a claim has both priorit	y and nonpriority amount ding to the creditor's nam particular claim, list the ot		both priority	and nonprio	rity amounts.
						Tatal	Deignitus	Mannulaultu

claim

amount

amount

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Hudson Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 ComEd \$710.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Electric Bill Other. Specify \_\_\_ Is the claim subject to offset? Yes CONVERGENT OUTSOURCING \$746.00 Last 4 digits of account number Nonpriority Creditor's Name 10750 HAMMERLY BLVD #200 When was the debt incurred? 9/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 77043 Houston Texas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: **✓** No Other. Specify COMCAST Yes I C SYSTEM INC \$147.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2015 PO BOX 64378 Number As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL Minnesota 55164 Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 Collection: Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: ATT U-No Other. Specify **VERSE** Yes

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Part	Your NONPRIORITY Unsecured Claims - Continuation	on Page	
	After listing any entries on this page, number them beginning v	with 4.5, followed by 4.6, and so forth.	Total claim
4.4	MBB Nonpriority Creditor's Name 1550 N NORTWEST HWY STE 403 Number Street	Last 4 digits of account number 0484 When was the debt incurred? 9/2015  As of the date you file, the claim is: Check all that apply.	\$895.00
	PARK RIDGE Illinois 60068  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA	
4.5	MCSI INC Nonpriority Creditor's Name PO BOX 327 Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes	Last 4 digits of account number 8650  When was the debt incurred? 5/2011  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Collection; Collecting for ORIGINAL CREDITOR: 01 Other. Specify VILLAGE OF CALUMET PARK	\$250.00
4.6	MCSI INC Nonpriority Creditor's Name PO BOX 327 Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No □ Yes	Last 4 digits of account number 8631  When was the debt incurred? 5/2011  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Collection; Collecting for ORIGINAL CREDITOR: 01 Other. Specify VILLAGE OF CALUMET PARK	\$250.00

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 Debtor 1 First Name
 Latrice
 Hudson
 Case number (if known)

 Last Name
 Last Name

Your NONPRIORITY Unsecured Claims - Continuation	n Page	
After listing any entries on this page, number them beginning w	ith 4.5, followed by 4.6, and so forth.	Total claim
MCSI INC Nonpriority Creditor's Name PO BOX 327 Number Street	- Last 4 digits of account number 8510  When was the debt incurred? 5/2011  As of the date you file, the claim is: Check all that apply.	\$250.00
PALOS HEIGHTS Illinois 60463 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collection; Collecting for ORIGINAL CREDITOR: 01 Other. Specify VILLAGE OF CALUMET PARK	
MCSI INC Nonpriority Creditor's Name PO BOX 327 Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only	Last 4 digits of account number 8509 When was the debt incurred? 5/2011  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$250.00
Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Collection; Collecting for ORIGINAL CREDITOR: 01  Other. Specify VILLAGE OF CALUMET PARK	
MCSI INC Nonpriority Creditor's Name PO BOX 327 Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?	- Last 4 digits of account number	\$250.00
	After listing any entries on this page, number them beginning w  MCSI INC  Nonpriority Creditor's Name PO BOX 327  Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes  MCSI INC Nonpriority Creditor's Name PO BOX 327  Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes  MCSI INC Nonpriority Creditor's Name PO BOX 327  Number Street  MCSI INC Nonpriority Creditor's Name PO BOX 327  Number Street  PALOS HEIGHTS Illinois 60463 City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt	MCSI INC Nonpriority Creditor's Name PO BOX 327 Number Street  PALOS HEIGHTS Illinois 60463 City incurred the debit? Check one. Debtor 1 and Debtor 2 only A least one of the debtors and another PO BOX 327 Number Street  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Illinois 60463 City incurred the debt? Only Debtor 1 and Debtor 2 only Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Illinois 60463 City incurred the debt on the debtors and another Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Illinois 60463 City incurred the debt? Only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Illinois 60463 City incurred the debt? Check one. Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Illinois 60463 City incurred the debt? Only Debtor 1 only Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Check one. Check if this claim relates to a community debt is the claim subject to offset? Check if this claim relates to a community debt is the claim subject to offset?  PALOS HEIGHTS Illinois 60463 City incurred the debt?  PALOS HEIGHTS Illinois 60463 City incurred the debt? Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 onl

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Debtor 1 Latrice Hudson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 MCSI INC \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? 5/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS Illinois 60463 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **| ORIGINAL CREDITOR: 01 ✓** No Other. Specify VILLAGE OF CALUMET PARK Yes 4.11 MCSI INC \$250.00 Last 4 digits of account number 8499 Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS Illinois 60463 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **✓ ORIGINAL CREDITOR: 01 ✓** No Other. Specify VILLAGE OF CALUMET PARK Yes MCSI INC 4.12 \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? 5/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS 60463 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Collection; Collecting for ORIGINAL CREDITOR: 01
Other. Specify VILLAGE OF CALUMET PARK Is the claim subject to offset?

No Yes

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Debtor 1 Latrice Hudson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 MCSI INC \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? 5/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS Illinois 60463 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **| ORIGINAL CREDITOR: 01 ✓** No Other. Specify VILLAGE OF CALUMET PARK Yes 4.14 MCSI INC \$250.00 Last 4 digits of account number 8433 Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS Illinois 60463 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **✓ ORIGINAL CREDITOR: 01 ✓** No Other. Specify VILLAGE OF CALUMET PARK Yes MCSI INC 4.15 \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? 5/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS 60463 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Collection; Collecting for ORIGINAL CREDITOR: 01
Other. Specify VILLAGE OF CALUMET PARK Is the claim subject to offset?

No Yes

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Debtor 1 Latrice Hudson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 MCSI INC \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? 5/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS Illinois 60463 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **| ORIGINAL CREDITOR: 01 ✓** No Other. Specify VILLAGE OF CALUMET PARK Yes 4.17 MCSI INC \$250.00 Last 4 digits of account number 8341 Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS Illinois 60463 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **✓ ORIGINAL CREDITOR: 01 ✓** No Other. Specify VILLAGE OF CALUMET PARK Yes MCSI INC 4.18 \$250.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? 5/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent PALOS HEIGHTS 60463 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Collection; Collecting for ORIGINAL CREDITOR: 01
Other. Specify VILLAGE OF CALUMET PARK Is the claim subject to offset?

No Yes

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Hudson Case number (if known) Debtor 1 Latrice Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 People's Gas \$80.00 Last 4 digits of account number Nonpriority Creditor's Name 130 E. Randolph Drive When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago 60601 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Past Due Gas Bill Is the claim subject to offset? **✓** No Yes 4.20 Village of Calumet Park \$3,000.00 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 12409 South Throop Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Riverdale Illinois 60827 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Parking Tickets Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Latrice Hudson Case number (if known) Middle Name First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Advocate Good Samaritan Hospital On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check PO Box 3039 Line 4.4 Part 1: Creditors with Priority Unsecured Claims Number one): Street Part 2: Creditors with Nonpriority Unsecured 60522 Hinsdale Illinois Last 4 digits of account number 0484 City State Zip Code Illinois Secretary of State On which entry in Part 1 or Part 2 did you list the original creditor? 2701 S Dirksen Pkwy Line 4.20 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Springfield Illinois 62723 Last 4 digits of account number

State

Zip Code

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Debtor 1 Latrice Hudson Case number (if known)
First Name Middle Name Last Name

THISTING	ne wildde warie Last warie			
Part 4: Add th	ne Amounts for Each Type of Unsecured Claim			
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	tatistical reporting purpose	s only
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that	6d.	\$0.00	
	amount here.  6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
	oe. Total. Add lines of through od.	oe.		
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write	6i.	\$9,078.00	
	that amount here.	01.		
	6j. Total. Add lines 6f through 6i.	6j.	\$9,078.00	

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Fill in this infor	mation to identify your c	ase:		
Debtor 1	Latrice	Hudson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Sankruptcy Court for the:	Northern	District of Illinois (State)	
Case number (If known)			(0.000)	

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or compa	any with whom you have	the contract or lease	State what the contract or lease is for				
Bond, Ward Name			Residential Lease, Debtor is Lessee, Monthly Residential Lease				
12835 S. Union Number	Street						
Chicago City	Illinois State	60628 Zip Code					

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			Do	cument ray	JC 34 01	03
Fill in	this infor	mation to identify your c	ase:			
Debte	or 1	Latrice		Hudson		
		First Name	Middle Name	Last Name		
Debto	or 2 se, if filing)	First Name	Middle Name	Last Names		
Орош	, ii iiii ig)	First Name	Middle Name	Last Name		
Unite	d States E	Sankruptcy Court for the:	Northern	District of Illinois		
Case	number			(State)		
(If knov	vn)					<u>_</u>
						Check if this is an amended filing
Off	امزما	Form 106H				amenaca ming
<u>UII</u>	ICIAI	FOIIII 100H				
Sch	redul	e H: Your Cod	lebtors			12/15
			le . Pelde Conservatel			e and accurate as possible. If two married people are
the er	ntries in t					eeded, copy the Additional Page, fill it out, and number dditional Pages, write your name and case number (if
1. [	Oo you ha	ve any codebtors? (If yo	ou are filing a joint case, do	not list either spouse as	a codebtor.	)
	<b>√</b> No					
[	Yes					
			lived in a community pro kico, Puerto Rico, Texas, W			nity property states and territories include Arizona, California,
[	✓ No.	Go to line 3.				
[	Yes.	Did your spouse, forme	er spouse, or legal equiva	lent live with you at the	time?	
	<b>✓</b>	No				
		Yes. In which communit	y state or territory did you	ı live?	Fill in t	he name and current address of that person.
		Name of your spouse, f	ormer spouse, or legal equ	valent		
		Number Street				
		City	State	Zip C	ode	
3. I	n Columr	ı 1, list all of your codel	otors. Do not include you	spouse as a codebtor	r if your spo	use is filing with you. List the person shown in line 2

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2
again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),
Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill	in this inf	ormation to identify	your case:						
Deb	tor 1	Latrice		Hudso	on				
		First Name	Middle Name	Last N	lame		Check if	this is:	
	tor 2	First Name	Middle Norse	Loot N	lama		☐ An ar	mended filing	
(Opol	, ii iiiiig)	FIRST Name	Middle Name	Last N			므	•	post-petition chapter
	ed States	Bankruptcy Court for	Northern	_ District of III				nses as of the follo	
the: Cas	e number			(3)	State)		•		
(lf kn	own)					_	MM /	/ DD / YYYY	
Of	ficial	Form 106I							
Sc	hedu	le I: Your In	come						12/
infor spou num	mation a ise. If mo ber (if kr	bout your spouse. I	-	d your spou	se is n	ot filing with yo	ou, do not i	nclude informat	tion about your
	-	r employment		Debtor 1	l		D	Debtor 2	
	informatio		Employment status	Emplo	oved			Employed	
	•	e more than one job, parate page with			mployed	l	-	Not Employed	
	informatio	about additional		<u> </u>			_	<b>1</b>	
	employers		Occupation						
	Include pa self-emplo	rt time, seasonal, or ved work	Employer's name						
	•	n may include student	Employer's address						
	•	aker, if it applies.		Number St	reet		N	lumber Street	
				City		State Zip C	Code C	ity	State Zip Code
			How long employed						
			there?						_
Par	t 2: Giv	e Details About N	Monthly Income						
	<u> </u>		,						
		onthly income as of the syou are separated.	the date you file this forr	<b>n.</b> If you have	nothing	to report for any	y line, write S	\$0 in the space. In	clude your non-filing
		non-filing spouse have attach a separate she	e more than one employer, et to this form.	, combine the	informa	·		t person on the line	es below. If you need
						For Debtor 1		r Deptor 2 or n-filing spouse	
2.			ary, and commissions (befo , calculate what the monthly		2	\$1,05	4.91		_
3.	Estimat	e and list monthly ove	rtime pay.		3.	+ \$	0.00		<u></u>
4. Calculate gross income. Add line 2 + line 3.					4.	\$1,05	54.91		

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Debio	r 1Latrice First Name		-ludson _ast Name	Case number	r <i>(it</i>				
	7.101.141.110	date riamine		For Debtor 1	For Debtor 2 or non-filing spouse				
Cop	y line 4 here		<b>→</b> 4.	\$1,054.91					
5. List	all payroll ded								
5a.	Tax, Medicare,	and Social Security deductions	5a.	\$128.33					
5b.	Mandatory con	tributions for retirement plans	5b.	\$0.00					
5c.	Voluntary cont	ributions for retirement plans	5c.	\$0.00					
5d.	Required repay	yments of retirement fund loans	5d.	\$0.00					
5e.	Insurance		5e.	\$0.00					
5f. I	Domestic suppo	ort obligations	5f.	\$0.00					
5g.	Union dues		5g.	\$0.00					
5h.	Other deduction	ons. Specify:	5h. +	\$0.00 +					
6. <b>Add</b> +5h.	the payroll ded	ductions. Add lines 5a + 5b + 5c + 5d + 5e +5f	f + 5g 6.	\$128.33					
7. Calc	culate total mo	nthly take-home pay. Subtract line 6 from line	4. 7.	\$926.58					
8. List	all other incom	ne regularly received:							
	business, profe Attach a stateme	ent for each property and business showing							
	gross receipts, of the total monthly	ordinary and necessary business expenses, and y net income.	8a.	\$0.00					
8b.	Interest and di	vidends	8b.	\$0.00					
	Family support dependent reg	payments that you, a non-filing spouse, or ularly receive	a						
		, spousal support, child support, maintenance, nt, and property settlement.	8c.	\$0.00					
8d.	Unemployment	t compensation	8d.	\$0.00					
8e.	Social Security	,	8e.	\$0.00					
 	Include cash ass cash assistance	ent assistance that you regularly receive istance and the value (if known) of any non- that you receive, such as food stamps (benefits emental Nutrition Assistance Program) or es							
-			8f.	\$0.00					
8g.	Pension or reti	rement income	8g.	\$0.00					
	•	income. Specify: fund Monthly Prorated	8h. + _	<u>\$166.66</u> +					
9. <b>Add</b>	all other incon	ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +	+ 8h. 9.	\$166.66					
		income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing sp	10.	\$1,093.24 +		= \$1,093.24			
<ul> <li>11. State all other regular contributions to the expenses that you list in Schedule J.</li> <li>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</li> <li>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.</li> </ul>									
Spe	ecify:					11. + \$0.00			
		n the last column of line 10 to the amount in the Summary of Schedules and Statistical Sur				12. \$1,093.24			
		,	,		.,	Combined monthly income			
13. <b>Do</b>	you expect an	increase or decrease within the year after y	you file this form?			monthly income			
<b>✓</b>	Yes. Explain:	Client's utilities are included in client's rent.							

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		Docu	ment Page 37 of 69	)	
Fill in this infor	mation to identify you	r case:			
Debtor 1	Latrice First Name	Middle Name	Hudson Last Name		
Debtor 2	=			Check if this is:  An amended filing	na
(Spouse, if filing)	First Name	Middle Name	Last Name	브	
United States B Case number	Sankruptcy Court for th	e: <u>Northern</u> [	District of Illinois (State)		howing post-petition chapter 13 the following date:
(If known)				MM / DD / YYYY	<u>/</u>
	Form 106J e <b>J: Your E</b> x	•			12/15
Be as complete information. If (if known). Ans	e and accurate as po	ssible. If two married people a d, attach another sheet to this	re filing together, both are equall form. On the top of any addition		plying correct
1. Is this a join		ioiu			
	to line 2				
		separate household?			
	¬ No	oopanato nouconora.			
L	_	file Official Forms 106 L2 Evpen	nses for Separate Household of Debi	ior 2	
2 Do you have	e dependents?	No	iscs for coparate flousefloid of Best	07 2.	
Do not list D	· ' '	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		·	Child	14 years	No.
					Yes.
	enses include f people other	No			
yourself and dependents	-	Yes			
Part 2: Estir	nate Your Ongoin	g Monthly Expenses			
_	of a date after the ba		rou are using this form as a suppl plemental Schedule J, check the	•	
	•	n-cash government assistance i d it on Schedule I: Your Income	-		Your expenses
	or home ownership or the ground or lot. 4.	•	clude first mortgage payments and		<b>\$700.00</b>
If not incl	uded in line 4:				

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Latrice
 Hudson
 Case number (if known)

 Last Name
 Last Name

5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities         5.         \$0.00           6. Utilities         6a.         \$0.00           6b. Water, sever, garbage collection         6b.         \$0.00           6c. Telephone, call phone, Internet, satellite, and cable services         6c.         \$6.80.00           6d. Other, Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$100.00           8. Childing, aundry, and dry cleaning         9.         \$25.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, include aga, maintenance, bus or train fave.         12.         \$30.00           Do not include car payments         12.         \$30.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Internamenc.         15.         \$0.00           15. Life insurance         15a         \$0.00           15. Whick insurance         15a         \$0.00           15. Whick insurance         15a         \$0.00           15. Whick insurance         15a         \$0.00 </th <th>riist Name</th> <th>Middle Name Last Name</th> <th></th> <th></th>	riist Name	Middle Name Last Name		
6. Utilities:         6. Electricity, heat, natural gas         6. S. 0.00           6b. Water, sower, garbage collection         6b. S. 0.00           6b. Telephone, cell phone, Internet, satellite, and cable services         6c. S86.00           6c. Other, Specify:         6d. S. 0.00           7. Food and housekeeping supplies         8. \$0.00           8. Childcare and children's education costs         8. \$0.00           9. Clothing, laundry, and dry cleaning         9. \$25.00           10. Personal care products and services         10. \$20.00           11. Medical and dental expenses         11. \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12. \$30.00           Do not include car payments         13. \$0.00           14. Charitable contributions and religious donations         13. \$0.00           15. Insurance.         15a. \$0.00           Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. \$0.00           15b. Health insurance         15a. \$0.00           15c. Vehicle insurance.         15c. \$0.00           15c. Vehicle insurance. Specify:         15d. \$0.00           15c. Vehicle insurance.         15c. \$0.00           15c. Vehicle insurance.         15c. \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included i				Your expenses
6a. Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Tedepton, coll phone, internet, satellities, and cable services         6c.         \$68.00           6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$100.00           8. Childcare and children's education costs         9.         \$25.50           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$30.00           Do not include acr payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Instrationment, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Instration include insurance         15.         \$0.00           15. Instration include such such acreases and properties of the such acreases and propertie	5. Additional mortgage payme	nts for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$88.00           6d. Other. Specity:         7.         \$100.00           7. Food and housekeeping supplies         7.         \$100.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$25.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$30.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         \$5.         \$0.00           15c. Vehicle insurance         156         \$0.00           15c. Vehicle insurance         156         \$0.00           15c. Vehicle insurance         156         \$0.00           15c. Vehicle insurance         \$0.00         \$0.00 <td>6. Utilities:</td> <td></td> <td></td> <td></td>	6. Utilities:			
6c. Telephone, cell phone, Intermet, satellite, and cable services         6c.         \$88.00           6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$100.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$25.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15b. Leath insurance         15a         \$0.00           15c. Vehicle insurance         15b         \$0.00           15c. Vehicle insurance         15c         \$0.00 <tr< td=""><td>6a. Electricity, heat, natural ga</td><td>ns .</td><td>6a.</td><td>\$0.00</td></tr<>	6a. Electricity, heat, natural ga	ns .	6a.	\$0.00
6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$100.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$25.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$30.00           Do not include car payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15         \$0.00           15. Insurance deducted from your pay or included in lines 4 or 20.         15c         \$0.00           15b. Health insurance         15         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17. Installment or lease payments:         17a         \$0.00	6b. Water, sewer, garbage co	llection	6b.	\$0.00
7. Food and housekeeping supplies         7.         \$100.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$25.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$30.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15s         \$0.00           15. Insurance.         15s         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15s         \$0.00           15c. Vehicle insurance.         15s         \$0.00           15c. Vehicle insurance. Specify:         15c         \$0.00	6c. Telephone, cell phone, In	ternet, satellite, and cable services	6c.	\$68.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$25.00 10. Personal care products and services 11. \$20.00 11. Medical and dental expenses 11. \$30.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17c. \$0.00 18. Your payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17c. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. Specify: 1	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning       9.       \$25.00         10. Personal care products and services       10.       \$20.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation, Include gas, maintenance, bus or train fare.       12.       \$30.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       0       155.       \$0.00         15b. Health insurance deducted from your pay or included in lines 4 or 20.       156.       \$0.00         15c. Vehicle insurance       156.       \$0.00         15c. Vehicle insurance.       156.       \$0.00         17c. Other. Specify: <td>7. Food and housekeeping sup</td> <td>plies</td> <td>7.</td> <td>\$100.00</td>	7. Food and housekeeping sup	plies	7.	\$100.00
10. Personal care products and services       10. \$20.00         11. Medical and dental expenses       11. \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12. \$30.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Health insurance       15b. \$0.00       \$0.00         15c. Vehicle insurance       15c. \$0.00       \$0.00         15c. Vehicle insurance       15c. \$0.00       \$0.00         15c. Vehicle insurance. Specify:       15d. \$0.00       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00       \$0.00         17. Installment or lease payments:       17a       \$0.00         17. Locar payments for Vehicle 1       17a       \$0.00         17b. Car payments for Vehicle 2       17b       \$0.00         17c. Other. Specify:       17c       \$0.00         18. Your payments for Vehicle 1, Your income (Official Form 106i).	8. Childcare and children's ed	ucation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.       12.       \$30.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance. Specify:       15c.       \$0.00         15c. Vehicle insurance. Specify:       15d. Other insurance. Specify:       15d. \$0.00         16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15d. \$0.00         17c. Installment or lease payments:       17a.       \$0.00         17c. Installment for Vehicle 1       17a.       \$0.00         17b. Car payments for Vehicle 2       17b.       \$0.00         17c. Other. Specify:       17c.       \$0.00         17c. Other. Specify:       17c.       \$0.00         18. Your payments for Vehicle 1, Your Income (Official Form 106l).       18.       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Fo	9. Clothing, laundry, and dry c	leaning	9.	\$25.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$30.00 not include car payments   13.   \$0.00 not include car payments   14.   \$0.00     14.   Charitable contributions and religious donations   14.   \$0.00     15.   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.   15a.   Life insurance   15b.   \$0.00     15b.   Health insurance   15b.   \$0.00     15c.   Vehicle insurance   15c.   \$0.00     15c.   Vehicle insurance   15c.   \$0.00     15c.   Vehicle insurance   15c.   \$0.00     15d.   Other insurance. Specify:   15d.   \$0.00     15d.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$0.00     15d.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$0.00     17.   Installment or lease payments:   16   \$0.00     17.   Installment or lease payments:   17a.   \$0.00     17b.   Car payments for Vehicle 1   17a   \$0.00     17c.   Other.   Specify:   17c   \$0.00     17c.   Other.   Specify:   17c   \$0.00     18.   Your payments for id alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i).   18.   \$0.00     19.   Other payments you make to support others who do not live with you.   \$0.00     20.   Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00     20b.   Real estate taxes.   20b   \$0.00     20c.   Property, homeowner's, or renter's insurance   20c   \$0.00     20d.   Maintenance, repair, and upkeep expenses.   20d   \$0.00     20d.   Maintenance, repair, and upkeep expenses.   20d   \$0.00     20d.   Maintenance, repair, and upkeep expenses.   20d   \$0.00     20d.   20d.   Maintenance, repair, and upkeep expenses.   20d   \$0.00     20d.	10. Personal care products an	d services	10.	\$20.00
Do not include car payments   13.   13.   13.   13.   13.   13.   13.   13.   13.   13.   14.   14.   14.   15.   14.   15.   15.   14.   15.	11. Medical and dental expens	ses	11.	\$0.00
14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       00 not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Life insurance       15b       \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00             \$0.00			12.	\$30.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. S0.00 15d. Other insurance. Specify: 15d. S0.00 15d. Other insurance. Specify: 15d. S0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S0.00 17d. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. S0.00 17d. Other. Specify: 17d. S0.00 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. S0.00 20b. Real estate taxes. 20b. \$0.00 20b. Real estate taxes. 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses.	13. Entertainment, clubs, recr	eation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.	14. Charitable contributions a	nd religious donations	14.	\$0.00
15b		ucted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
Specify:			15c	\$0.00
Specify:	15d. Other insurance. Specify	r <u>:</u>	15d	\$0.00
17.   Installment or lease payments:   17a.   Car payments for Vehicle 1   17a   \$0.00   17b.   Car payments for Vehicle 2   17b   \$0.00   17c.   Other.   Specify:   17c   \$0.00   17d.   Other.   Specify:   17d   \$0.00   18.   Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19.   Other payments you make to support others who do not live with you.   Specify:   19.   \$0.00   20.   Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b.   Real estate taxes.   20b   \$0.00   20b.   Real estate taxes.   20c.   Property, homeowner's, or renter's insurance   20d.   \$0.00   20d.   Maintenance, repair, and upkeep expenses.   20d.   \$0.00   \$0.00   20d.   Maintenance, repair, and upkeep expenses.   20d.   \$0.00   \$0.00   20d.   Maintenance, repair, and upkeep expenses.   20d.   \$0.00   \$0.00   20d.   \$0.00	16. <b>Taxes.</b> Do not include taxes	deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2  17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. So.00  20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease payme	ents:		
17c. Other. Specify: 17d. \$0.00 17d. Other. Specify: 17d. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17a. Car payments for Vehicle	e1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehicle	e 2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20c \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:			18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00		to support others who do not live with you.	10	<b>\$0.00</b>
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		es not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	<del></del>
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00			20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	20c. Property, homeowner's,	or renter's insurance		
	20d. Maintenance, repair, and	l upkeep expenses.		
	20e. Homeowner's association	n or condominium dues	20e	\$0.00

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Debtor 1 La			Hudson	Case number (if known)		
Fi	rst Name	Middle Name	Last Name			
21. <b>Other.</b> 9	Specify:				21	\$0.00
22. Calcula	ate your monthly expense	es.				\$943.00
22a. Ad	d lines 4 through 21.					\$0.00
22b. Co	py line 22 (monthly expens	ses for Debtor 2), if any,	from Official Form 106J-2			\$943.00
22c. Ad	d line 22a and 22b. The res	sult is your monthly expe	enses.		22.	
23. Calcula	te your monthly net inco	me.				
23a. Co	py line 12 (your combined	monthly income) from S	Schedule I.		23a	\$1,093.24
23b. Co	py your monthly expenses	from line 22 above.			23b	\$943.00
	btract your monthly expens		come.			\$150.24
Th	e result is your monthly ne	t income.			23c	
For exa	expect an increase or deample, do you expect to fin age payment to increase or see Explain here:	ish paying for your car lo	oan within the year or do yo	ou expect your		

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Fill in this information to identify your case:								
Debtor 1	Latrice		Hudson					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Sankruptcy Court for the:	Northern	District of Illinois (State)					
Case number (If known)			,,					

### Official Form 106Dec

П	Check if this is an
_	amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pai	t 1: Sign Below							
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
	<b>✓</b> No							
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
	Under penalty of perjury, I declare that I have read the summary	and schedules filed with this declaration and						
	that they are true and correct.							
X	/s/ Latrice Hudson	×						
	Signature of Debtor 1	Signature of Debtor 2						
	Date 8/28/2017	Date						
	MM/DD/YYYY	MM/DD/YYYY						

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	s information to							
Debtor 1				Hudson				
Debtor 2	First Na	me	Middle I	Name Last Nam	е			
(Spouse, if		me	Middle	Name Last Nam	е			
United S	states Bankruptc	Court for the	Northern	District of Illino				
Case nu	mber			(Stat	e)			
(If known)								Ob and if their in
Offic	ial Form	າ 107						Check if this is amended filing
			al Affaira f		Filipa fo	. Donley		
				or Individuals			<u> </u>	
				arried people are filing arate sheet to this form				
	(if known). Ar				•	•		•
Part 1:	Give Details	About Your	Marital Status	and Where You Lived	Before			
4 W	hat is very sure	out movital of	totus?					
1. W	hat is your curr	ent maritai si	tatus?					
	Married							
	Not married							
2. D	uring the last 3	years, have y	ou lived anywhere	e other than where you liv	ve now?			
2. Di	uring the last 3	years, have y	ou lived anywhere	e other than where you liv	ve now?			
2. Di	No			e other than where you live to 3 years. Do not include to		now.		
2. Di	No					now.		
2. Du	No			t 3 years. Do not include v		now.		Dates Debtor 2 lived
2. Di	No Yes. List all o			t 3 years. Do not include v	where you live r	now.		Dates Debtor 2 lived there
2. Di	No Yes. List all o			t 3 years. Do not include v	where you live r	now. s Debtor 1		
2. Di	No Yes. List all o	f the places y		t 3 years. Do not include to Dates Debtor 1 lived there	where you live r			there
2. Di	No Yes. List all o  Debtor 1:	of the places y		Dates Debtor 1 lived there  From 05/2008	where you live r	s Debtor 1		there
2. Di	No Yes. List all o  Debtor 1:  12423 S. Win	of the places y		t 3 years. Do not include to Dates Debtor 1 lived there	Debtor 2:	s Debtor 1		Same as Debtor 1
2. Di	No Yes. List all of Debtor 1:  12423 S. Win Number Street	chester Ave.	ou lived in the last	Dates Debtor 1 lived there  From 05/2008	Debtor 2:  Same as  Number Stre	s Debtor 1 eet	Zin Code	Same as Debtor 1 From
2. Di	No Yes. List all of Debtor 1:  12423 S. Win Number Stree	of the places y chester Ave.	ou lived in the last	Dates Debtor 1 lived there  From 05/2008	Debtor 2:  Same as  Number Stree	s Debtor 1 pet	Zip Code	Same as Debtor 1  From To
2. Di	No Yes. List all of Debtor 1:  12423 S. Win Number Street	chester Ave.	ou lived in the last	Dates Debtor 1 lived there  From 05/2008	Debtor 2:  Same as  Number Stree	s Debtor 1 eet	Zip Code	Same as Debtor 1 From
2. Di	No Yes. List all of Debtor 1:  12423 S. Win Number Street	chester Ave.	ou lived in the last	Dates Debtor 1 lived there  From 05/2008	Debtor 2:  Same as  Number Stree	State State S Debtor 1	Zip Code	Same as Debtor 1  From To
2. Di	No Yes. List all of Debtor 1:  12423 S. Win Number Stree  Riverdale City	chester Ave.	ou lived in the last	Dates Debtor 1 lived there  From 05/2008 To 03/2016	Debtor 2:  Same as  Number Stree  City  Same as	State State S Debtor 1	Zip Code	there  Same as Debtor 1  From To  Same as Debtor 1
2. Di	No Yes. List all of Debtor 1:  12423 S. Win Number Stree  Riverdale City	chester Ave.	ou lived in the last	Dates Debtor 1 lived there  From 05/2008 To 03/2016  From	Debtor 2:  Same as  Number Stree  City  Same as	State State S Debtor 1	Zip Code	there  Same as Debtor 1  From To  Same as Debtor 1  From From

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Hudson

Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$7812.73 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$15020.33 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$15000.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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Hudson Debtor 1 Latrice \_\_ Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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or 1	Latrice				dson	Case number	(if known)
	First Name		Middle Name	Las	st Name		
nsi com age	ders include your porations of whic	relatives; a h you are a for a busir	any general partner an officer, director, ness you operate a	s; relatives of any person in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? you are a general partner; g securities; and any managing r domestic support obligations,
<b>✓</b>	No						
	Yes. List all pay	ments to	an insider.	Dates of	Total amount	Amount you	Reason for this payment
				payment	paid	still owe	rioason for this paymont
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	No		aranteed or cosigne	·	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name				<u> </u>		
	Number Street						
_	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				

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Hudson Debtor 1 Latrice Case number (if known) Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	tor 1 Latrice	Hudson	Case number (if known)	
	First Name Middle Name	Last Name		
11.	Within 90 days before you filed for bankruptcy, did accounts or refuse to make a payment because your No		bank or financial institution, set off any amo	ounts from your
	Yes. Fill in the details.			
	Tod. Till it the dottallo.	Describe the action th	ne creditor took Date action was taken	Amount
		_		
	Creditor's Name			
	Number Street	-		
		Last 4 digits of account	number: XXXX-	
	City State Zip Code	-		
12.	Within 1 year before you filed for bankruptcy, was appointed receiver, a custodian, or another officia		possession of an assignee for the benefit o	f creditors, a court-
	No.			
	✓ No			
	Yes			
Part	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankruptcy, did	d you give any gifts with a t	total value of more than \$600 per person?	
		a you give any give min a	total value of more than \$600 per person.	
	<b>✓</b> No			
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift	-		
		-		
	Number Street	-		
	City State Zip Code	-		
	Person's relationship to you			
	Person to Whom You Gave the Gift	-		
		-		
	Number Street	-		
	Namber Sueet			
	City State Zip Code	-		
	Person's relationship to you			

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Debt		Latrice	Hudson	Case number (if kno	wn)	
		First Name Middle Name	e Last Name			
14.	Wit	hin 2 years before you filed for bankrupt	cy, did you give any gifts	or contributions with a total value	of more than \$600	to any charity?
	<b>V</b>	No				
	H	Yes. Fill in the details for each gift or cor	tribution.			
	Ш	res. Fill in the details for each gift of cor	ili ibulion.			
		Gifts or contributions to charities	Describe what	you contributed	Date you	Value
		that total more than \$600			contributed	
		Charity's Name				
		Charly o Hamo				
		-				
		Number Chart				
		Number Street				
		City State Zip Coo	lo.			
		City State Zip Coo	le			
Dani		List Certain Losses				
Part	0:	List Gertain Losses				
15.		nin 1 year before you filed for bankrupto	y or since you filed for ba	nkruptcy, did you lose anything be	cause of theft, fire,	other disaster, or
	gan	nbling?				
	<b>~</b>	No				
	Ш	Yes. Fill in the details.				
		Describe the property you lost and	Describe any i	nsurance coverage for the loss	Date of your	Value of property
		how the loss occurred		ount that insurance has paid. List	loss	lost
			-	nce claims on line 33 of Schedule		
			A/B: Property.			
					_	
Part	7:	List Certain Payments or Transfers	<b>;</b>			
		ut seeking bankruptcy or preparing a baude any attorneys, bankruptcy petition preparents.  No  No. Fill in the details.		gencies for services required in your b	oankruptcy.	
	lacksquare	Yes. Fill in the details.				
				d value of any property	Date payment	Amount of
			transferred		or transfer	payment
					was made	
		Semrad Law Firm	Attorney's Fee -	0.00	8/24/2017	\$0.00
		Person Who Was Paid				
		11101 S. Western Avenue				
		Number Street				
		Chicago Illinois COCAO				
		Chicago Illinois 60643				
		City State Zip Coo	ie			
		Email or website address				
		Littali of Website address				
		Person Who Made the Payment, if Not You				
		r cross rime made are r dymein, ii riet ret				
		Person Who Was Paid				
		Normalia are Charact				
		Number Street				
		City State Zip Cod	le			
		Email or website address				
		Person Who Made the Payment, if Not You				

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Debtor <sup>1</sup>	1 Latrice	Hudson	Case number (if known)	
	First Name Middle Na	me Last Name		
he	ithin 1 year before you filed for bankrupt elp you deal with your creditors or to mai o not include any payment or transfer that yo	ke payments to your creditors?	on your behalf pay or transfer ar	ny property to anyone who promised to
<u> </u>	No Yes. Fill in the details.			
	•	Description and value transferred	1	Date Amount of payment payment or transfer was made
	Person Who Was Paid		-	
	Number Street			
	City State Zip Co	ode		
40 145				
<b>th</b> e Ind	ithin 2 years before you filed for bankrup e ordinary course of your business or fin- clude both outright transfers and transfers n d transfers that you have already listed on the	ancial affairs? nade as security (such as the granting		
<b>✓</b>	No			
	Yes. Fill in the details.	Book falls and all a	Post the second	D.L.
		Description and value transferred		property or Date transfer was made
	Person Who Received Transfer			
	Number Street			
	City State Zip Co Person's relationship to you	ode		
	Person Who Received Transfer			
	Number Street			
	City State Zip Co Person's relationship to you	ode		
be	ithin 10 years before you filed for bankru eneficiary? hese are often called asset-protection device		y to a self-settled trust or simila	ır device of which you are a
<u> </u>	No Yes. Fill in the details.			
	1 100. Till ill tile detalls.	Description and valu	ue of the property transferred	Date transfer was made
	Name of trust			

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Hudson Debtor 1 Latrice Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Hudson Debtor 1 Latrice Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code

City

State

Zip Code

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Debto					Hudson	Case n	number <i>(if l</i>	known)		
		First Name		Middle Name	Last Name					_
		e you been a part	y in any judio	cial or administr	ative proceeding under	r any environmenta	l law? Inc	clude settlem	ents and orde	rs.
i	Ħ	Yes. Fill in the det	tails							
L		100.1	iano.							
					Court or agency		Nature o	f the case		Status of the case
		O +:41-								Case
		Case title								Pending
					Court Name					
										On appeal
		Case number		<del></del>	NumberStreet					
										Concluded
					City State	Zip Code				<del></del>
Part 1	1:	Give Details Al	oout Your E	Business or Co	nnections to Any Bu	isiness				
27. V	With	A sole propri	etor or self-e	employed in a tra	you own a business or ade, profession, or othe	r activity, either full-	_		any business?	?
		A member of A partner in a			LC) or limited liability pa	artnership (LLP)				
			-		e of a corporation					
		_			•	noration				
		An owner or	at least 5% (	or the voung or e	quity securities of a cor	poration				
Г	<b>✓</b>	No. None of the a	above applie	s. Go to Part 12.						
	¥				details below for each l	husinoss				
L	_	165. Officer all the	αι αρριγ αυσ	we and ill in the						
					Describe the nat	ure of the business			dentification nu	
								include Soc	cial Security nu	umber or IIIN.
		Duciness Name			_			EIN:		
		Business Name								
		Number Street			_			Dates busin	ness existed	
		Number Street			Name of account	ant or bookkeeper		Dates busin	less existed	
		Oit.	01-1-	7:- O	—	ant or bookkeeper		_	_	
		City	State	Zip Code				From	To	
					Describe the nat	ure of the business			dentification nu	
								include Soc	cial Security nu	umber or ITIN.
								EIN:		
		Business Name								
					_			D. 1		
		Number Street			N			Dates busin	ness existed	
					Name of account	ant or bookkeeper				
		City	State	Zip Code				From	To	
					Describe the nat	ure of the business		Employer Id	dentification nu	umber Do not
									cial Security nu	
								EIN:		
		Business Name			_			CIIV.		
		Number Street			_			Dates busin	ness existed	
					Name of account	ant or bookkeeper				
		City	State	Zip Code	_			From	То	
		•		•					· <b>~</b>	

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Deb	tor 1	Latrice			Hudson	Case number (if known)
	Ī	First Name		Middle Name	Last Name	
28.	cred	nin 2 years before litors, or other par No Yes. Fill in the det	rties.	bankruptcy, did yo	u give a financial stateme	nt to anyone about your business? Include all financial institutions,
					Date issued	
		Name			MM/DD/YYYY	
		N Obs			=	
		Number Street				
		City	State	Zip Code	=	
		Oity	Olato	Zip Gode		
Part	t 12:	Sign Below				
1	true a	nd correct. I unde kruptcy case can	erstand that result in fine	making a false sta s up to \$250,000,	tement, concealing proper	ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		/\$/	Latrice Hudsoure of Debtor			Signature of Debtor 2
		Signati	are or Deptor	ı		<u> </u>
		Date 8	3/28/2017			Date
	Did vo	u attach addition	al pages to	Vour Statement of	Financial Affairs for Individ	luals Filing for Bankruptcy (Official Form 107)?
ľ			iai pages to	Tour Statement of	rillaticiai Alialis loi iliulvic	uais rining for bankruptcy (Oniciai Form 107):
	✓ N	0				
	Y	es				
ı	Did yo	ou pay or agree to	pay someon	e who is not an att	torney to help you fill out b	ankruptcy forms?
	.∕ N	0				
		es. Name of persor	1			Attach the Bankruptcy Petition Preparer's Notice,
	⊔ '	co. Hairie or persor	•			Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

		Northern Dis	trict of Illinois	
In re	Latrice Hudson		Case No.	
	Debtor			(If known)
			Chapter	Chapter 13
	DISCLOSURE OF	COMPENSATI	ON OF ATTORNEY	FOR DEBTOR
com	npensation paid to me within one	year before the filing of t	he petition in bankruptcy, or agre	e abovenamed debtor(s) and that eed to be paid to me, for services in the bankruptcy case is as follows:
For	legal services, I have agreed to a	ccept		\$2,900.00
Pric	or to the filing of this statement I	have received		\$0.00
Bala	ance Due			\$2,900.00
2. The	source of the compensation pai	d to me was:		
	<b>✓</b> Debtor	Other (spec	ify)	
3. The	source of the compensation pai	d to me is:		
	Debtor	Other (spec	ify)	
4.	I have not agreed to share the all members and associates of my		tion with any other person unles:	s they are
		w firm. A copy of the agree	with a other person or persons vernent, together with a list of the	
5. In re		_	egal service for all aspects of the ing advice to the debtor in determ	bankruptcy case, including: nining whether to file a petition in
	b. Preparation and filing of any	petition, schedules, state	ments of affairs and plan which n	nay be required;
	c. Representation of the debtor	at the meeting of creditor	rs and confirmation hearing, and	any adjourned hearings thereof;
	d. Representation of the debtor	in adversary proceedings	and other contested bankruptcy	matters;
6. By a	agreement with the debtor(s), the	above-disclosed fee does	s not include the following service	es:
		CERTIF	FICATION	
	ify that the foregoing is a comple in this bankruptcy proceedings.	te statement of any agree	ment or arrangement for payment	t to me for representation of the
	8/28/2017		/s/ Brian Atlas	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	_

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Hudson, Latrice  Debtor(s)	Case No	Case No		
		Chapter.	Chapter13		
	VERIFIC	CATION OF CREDITOR MAT	TRIX		
Ti knowledge		y that the attached list of creditors is tr	rue and correct to the best of their		
Date:	8/28/2017	/s/ Hudson, Latr Hudson, Latrice Signature of Del			

MBB 1550 N NORTWEST HWY STE 403 PARK RIDGE, IL, 60068

Advocate Good Samaritan Hospital Po Box 4257 Carol Stream, IL, 60197

CONVERGENT OUTSOURCING 10750 HAMMERLY BLVD #200 Houston, TX, 77043

MCSI INC PO BOX 327 PALOS HEIGHTS, IL, 60463

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

People's Gas 130 E. Randolph Drive Chicago, IL, 60601

Village of Calumet Park 12409 South Throop Riverdale, IL, 60827

Illinois Secretary of State 2701 S Dirksen Pkwy Springfield, IL, 62723

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$2,900.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$2,900.00; and \$61.76 for expenses, leaving a balance due of \$3,271.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 8/2	24/2017		
Signed:			
/s/ Latrice H	Judson Katrice Hudson		122
-		/s/ Brian Atlas	8
Debtor(s)		Attorney for De	btor(s)

Do not sign if the fee amounts at top of this page are blank.

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First Name		Hudson	Case number (if known)	
	uestions for Reporting Purposes	Last Name		
<sup>16.</sup> What kind of debts do you have?	16a. Are your debts primarily "incurred by an individual  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily money for a business or in  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts yo	r business debts? Be nvestment or throug	onal, family, or househo on the same debts are debts on the bush of the bush o	old purpose."  that you incurred to obtain ousiness or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	□ No.	7. Do you estimate that	at after any exempt prope o distribute to unsecured	rty is excluded and administrative creditors?
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,00 5,001-10,0 10,001-25	000	25,001-50,000 50,001-100,000 More than 100,000
<sup>19.</sup> How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,000,00 \$50,000,00	1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?  Part 7: Sign Below	✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million	\$10,000,00 \$50,000,00	1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	I have examined this petition, and correct.  If I have chosen to file under Cha of title 11, United States Code. It under Chapter 7.  If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15  *  /s/ Latrice Hudson Signature of Debtor 1  Executed on 8/24/2017	upter 7, I am aware the understand the relief of the relief of the relief of the relief of the chapter of title of the chapter of title of the chapter of th	eat I may proceed, if elig f available under each content e to pay someone who is the required by 11 U.S.C. 11, United States Code	ible, under Chapter 7, 11,12, or 13 hapter, and I choose to proceed is not an attorney to help me fill . § 342(b).  , specified in this petition.  ney or property by fraud in risonment for up to 20 years, or

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		D00	cument Page 66	or 69	
Fill in this infor	mation to identify your c	ase:			
Debtor 1	Latrice		Hudson		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States E	Bankruptcy Court for the:	Northern	District of Illinois		
Case number (If known)	•		(State)	_	
Official	Form 106De	C	,		Check if this is an amended filing
Declarat	ion About an I	ndividual Deb	tor's Schedules		12/15
Part 1: Sign	1041, 1019, and 3371.			250,000, or imprisonment for up to 20	
Did you pa	y or agree to pay some	one who is NOT an attorn	ey to help you fill out bankr	uptcy forms?	
<b>✓</b> No					
Yes. N	lame of person		Attach Bankruptcy Pe Signature (Official Fon	tition Preparer's Notice, Declaration, and m 119).	
Under pena	alty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed wi	th this declaration and	
✗ /s/ Latrice		er Hunto	v <b>x</b>		NACONAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE
Signature of	Debtor 1/		Signature of	Debtor 2	

Date

MM/DD/YYYY

Date 8/24/2017

MM/DD/YYYY

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Debtor	1 Latrice		Hudson	Case number (if known)
	First Name	Middle Name	Last Name	Case number (II KIKWII)
28. Wi	thin 2 years before you fil editors, or other parties. No Yes. Fill in the details be		ou give a financial stater	nent to anyone about your business? Include all financial institutions
			Date issued	
	Name ·		MM/DD/YYYY	<del>-</del> ,
	Number Street		_	
	City State	Zip Code		
Part 12:	· •	Zip Oode		
true a a bar	and correct. I understand kruptcy case can result i  /s/ Latrice F	n fines up to \$250,000,	attachritement, concealing proportion imprisonment for up to	nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
				Signature of Debtor 2
	Date 8/24/201	17		Date
N N		s to Your Statement of	Financial Affairs for Indivi	iduals Filing for Bankruptcy (Official Form 107)?
Did yo	u pay or agree to pay son	neone who is not an att	orney to help you fill out	bankruptcy forms?
N IN				
	es. Name of person	Minorano principio de processo de la constitució	e-Publican materials (SIA business and support of Principles (SIA SIA SIA SIA SIA SIA SIA SIA SIA SIA	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re:	Hudson, Latrice		
-	Debtor(s)	Case No.	
		Chapter. Chapter13	
	VERIFIC	ATION OF CREDITOR MATRIX	
Th knowledge	ne above named Debtors hereby verify e.	that the attached list of creditors is true and correct to the best of	their
Pate:	8/24/2017	/s/ Hudson, Latrice Hudson, Latrice Signature of Debtor	Huder

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Dei	otor 1 Latrice	×	Hudson	Casa number our	
·	First Name	Middle Name	Last Name	Case number (ff known)	
16	. Calculate the median fa	amily income that applies to	you. Follow these steps:		والمراقبة والمراقبة والمواقعة والمواقعة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة
And the Control of th	16a. Fill in the state in wh	nich you live.	Illinois		
	16b. Fill in the number of	people in your household.	2		
Company of the Compan	nousehold	nily income for your state and s	Ta Ca I .	list of applicable median income amounts, go online	\$66,487.00
17.	How do the lines compa	ed in the separate instructions f	also be available median income amounts, go online also be available at the bankruptcy clerk's office.		
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).				
	17b. Line 15b is more U.S.C. § 1325(b)	e than line 16c. On the top of n	age 1 of this form, check	box 2, Disposable income is determined under 11 ole Income (Official Form 122C-2). On line 39 of that	
Part	3: Calculate Your Co	mmitment Period Under	11 U.S.C. §1325(b)(4	1)	
18.	Copy your total average	monthly income from line 11			A1 051 10
19.	Deduct the marital adjustment if it applies. If you are meriod, your assess it is a fill.				\$1,051.42
	commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.				
			ne 19a.		-\$0.00
20	19b. Subtract line 19a fro				\$1,051.42
20.		onthly income for the year. F	Follow these steps:		
	20a. Copy line 19b.	*			\$1,051.42
		imber of months in a year).			x 12
	20b. The result is your curr	ent monthly income for the yea	r for this part of the form.		\$12,617.04
	20c. Copy the median family income for your state and size of household from line 16c.				\$66,487.00
21.	How do the lines compare	e?			
	Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.				
	Line 20b is more than 6 4, The commitment pe	or equal to line 20c. Unless other iod is 5 years. Go to Part 4.	erwise ordered by the cou	rt, on the top of page 1 of this form, check box	THE PROPERTY OF THE PROPERTY O
Part 4: Sign Below					
	By signing here I deele				
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and com-					
	/s/ Latrice Huds				
	Signature of Debtor		Sign	ature of Debtor 2	w somethings.
	Date 8/24/2017	· •	Date		WALLE
	MM/DD/YYY	Υ		MM/DD/YYYY	W. Gardon and da. app
	If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.				